

United States Bankruptcy Court  
Northern District of Georgia

In re Kurt Gerard Richardson  
Tara Rakoske Richardson

Debtor(s)

Case No. 19-61728  
Chapter 7

**AMENDMENT COVER SHEET**

Amendment(s) to the following petition, list(s), schedule(s) or statement(s) are transmitted herewith:

- 1). Debtors amend Statement of Financial Affairs to disclose 401(k) withdrawal (Question #5).
- 2). Debtors amend Schedule E/F to add unsecured creditor.
- 3). Debtors amend Schedule I to update income.
- 4). Debtors amend Schedule J to update expenses.
- 5). Debtors amend Summary of Schedules to reflect new total.

**NOTICE OF AMENDMENT(S) TO AFFECTED PARTIES**

Pursuant to Federal Rule of Bankruptcy Procedure 1009(a), I certify that notice of the filing of the amendment(s) listed above has been given this date to any and all entities affected by the amendment as follows:

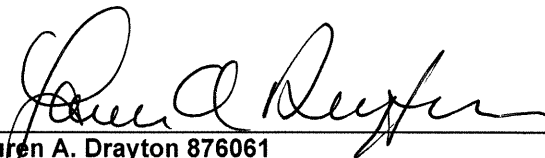
Kurt Gerard Richardson  
Tara Rakoske Richardson  
1648 Mercer Ave  
Atlanta, GA 30337

US Trustee (via ECF email)  
Office of US Trustee  
75 Ted Turner Drive SW, Ste 362  
Atlanta, GA 30303

S. Gregory Hays (via ECF email)  
Chapter 7 Trustee  
Hays Financial Consulting, LLC  
Suite 555  
2964 Peachtree Road  
Atlanta, GA 30305

Fox Hills Cash  
PO Box 196  
Batesland, SD, 57716

Date: October 22, 2019



Lauren A. Drayton 876061  
Attorney for Debtor(s)  
The Semrad Law Firm, L.L.C.  
303 Perimeter Center N  
Suite 201  
Atlanta, GA 30346  
678-668-7160 Fax: 877-601-7063  
[atlcourtdocs@gmail.com](mailto:atlcourtdocs@gmail.com)

Fill in this information to identify your case:

Debtor 1	Kurt	Gerard	Richardson
	First Name	Middle Name	Last Name
Debtor 2	Tara	Rakoske	Richardson
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Georgia
			(State)
Case number	19-61728		
(If known)			

☐ Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- ☒ Married  
☐ Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No  
☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number Street	From _____ To _____	Number Street	From _____ To _____
City State Zip Code		City State Zip Code	
		<input type="checkbox"/> Same as Debtor 1	<input type="checkbox"/> Same as Debtor 1
Number Street	From _____ To _____	Number Street	From _____ To _____
City State Zip Code		City State Zip Code	

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No  
☐ Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Debtor 1 Kurt  
First NameGerard  
Middle NameRichardson  
Last Name

Case number (if known) 19-61728

## Part 2: Explain the Sources of Your Income

## 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$10000.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$48242.00
For last calendar year: (January 1 to December 31, 2018 ) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$38000.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$86000.00
For the calendar year before that: (January 1 to December 31, 2017 ) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$64000.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$83000.00

## 5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- ☐ No  
☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:		\$0.00		
For last calendar year: (January 1 to December 31, 2018 ) YYYY			401(k) Withdrawal	\$28,960.00
For the calendar year before that: (January 1 to December 31, 2017 ) YYYY		\$0.00		

Debtor 1 Kurt Gerard Richardson Case number (if known) 19-61728  
 First Name Middle Name Last Name

Part 3: **List Certain Payments You Made Before You Filed for Bankruptcy**

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- ☐ No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

☐ No. Go to line 7.

☐ Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- ☒ Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ No. Go to line 7.

☒ Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Midland Mortgage Creditor's Name Po Box 26648 Number Street	05/2019	\$1800.00	\$246340.28	<input checked="" type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
Oklahoma City Oklahoma 73126 City State Zip Code				
AUTOMOBILE ACCEPTANCE Creditor's Name 749 MAIN ST Number Street	05/2019	\$684.00	\$3873.00	<input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
RIVERDALE Georgia 30274 City State Zip Code				
Creditor's Name Number Street				<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other
City State Zip Code				

Debtor 1 Kurt Gerard Richardson Case number (if known) 19-61728  
 First Name Middle Name Last Name

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- ☒ No  
☐ Yes. List all payments to an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name Number Street City State Zip Code				
Insider's Name Number Street City State Zip Code				

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

- ☒ No  
☐ Yes. List all payments that benefited an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name Number Street City State Zip Code				
Insider's Name Number Street City State Zip Code				

Debtor 1 Kurt Gerard Richardson Case number (if known) 19-61728  
First Name Middle Name Last Name

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☒ No  
☐ Yes. Fill in the details.

Case title	Nature of the case	Court or agency	Status of the case
Case number		Court Name	<input type="checkbox"/> Pending
		NumberStreet	<input type="checkbox"/> On appeal
		City State Zip Code	<input type="checkbox"/> Concluded
Case title		Court Name	<input type="checkbox"/> Pending
Case number		NumberStreet	<input type="checkbox"/> On appeal
		City State Zip Code	<input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?  
Check all that apply and fill in the details below.

- ☒ No. Go to line 11.  
☐ Yes. Fill in the information below.

Describe the property	Date	Value of the property
Creditor's Name		
Number Street		
City State Zip Code		
Explain what happened		
<input type="checkbox"/> Property was repossessed.		
<input type="checkbox"/> Property was foreclosed.		
<input type="checkbox"/> Property was garnished.		
<input type="checkbox"/> Property was attached, seized, or levied.		
Describe the property	Date	Value of the property
Creditor's Name		
Number Street		
City State Zip Code		
Explain what happened		
<input type="checkbox"/> Property was repossessed.		
<input type="checkbox"/> Property was foreclosed.		
<input type="checkbox"/> Property was garnished.		
<input type="checkbox"/> Property was attached, seized, or levied.		

Debtor 1 Kurt Gerard Richardson Case number (if known) 19-61728  
First Name Middle Name Last Name

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No  
☐ Yes. Fill in the details.

Describe the action the creditor took

Date action  
was taken

Amount

Creditor's Name

Number Street

Last 4 digits of account number: XXXX-

City

State

Zip Code

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No  
☐ Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No  
☐ Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600  
per person

Describe the gifts

Dates you  
gave the  
gifts

Value

Person to Whom You Gave the Gift

Number Street

City State Zip Code

Person's relationship to you

Person to Whom You Gave the Gift

Number Street

City State Zip Code

Person's relationship to you

Debtor 1 Kurt Gerard Richardson Case number (if known) 19-61728  
First Name Middle Name Last Name

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- ☒ No  
☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities  
that total more than \$600

Describe what you contributed

Date you  
contributed

Value

Charity's Name

Number Street

City State Zip Code

Part 6: List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

- ☒ No  
☐ Yes. Fill in the details.

Describe the property you lost and  
how the loss occurred

Describe any insurance coverage for the loss  
Include the amount that insurance has paid. List  
pending insurance claims on line 33 of *Schedule*  
*A/B: Property.*

Date of your  
loss

Value of property  
lost

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- ☒ No  
☐ Yes. Fill in the details.

Description and value of any property transferred

Date payment  
or transfer  
was made

Amount of  
payment

Person Who Was Paid

Number Street

City State Zip Code

Email or website address

Person Who Made the Payment, if Not You

Person Who Was Paid

Number Street

City State Zip Code

Email or website address

Person Who Made the Payment, if Not You



Debtor 1 Kurt Gerard Richardson Case number (if known) 19-61728  
 First Name Middle Name Last Name

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?  
 Do not include any payment or transfer that you listed on line 16.

- ☒ No  
☐ Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid _____ Number Street _____ City State Zip Code _____		

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  
 Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- ☒ No  
☐ Yes. Fill in the details.

Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer _____ Number Street _____ City State Zip Code Person's relationship to you _____		
Person Who Received Transfer _____ Number Street _____ City State Zip Code Person's relationship to you _____		

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- ☒ No  
☐ Yes. Fill in the details.

Description and value of the property transferred	Date transfer was made
Name of trust _____	

Debtor 1 Kurt Gerard Richardson Case number (if known) 19-61728  
 First Name Middle Name Last Name

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?  
 Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- ☒ No  
☐ Yes. Fill in the details.

	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
Person Who Was Paid _____ Number Street _____ City State Zip Code _____	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____	_____
Person Who Was Paid _____ Number Street _____ City State Zip Code _____	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	_____	_____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- ☒ No  
☐ Yes. Fill in the details.

Name of Financial Institution	Who else had access to it?	Describe the contents	Do you still have it?
Name _____ Number Street _____ City State Zip Code _____	Name _____ Number Street _____ City State Zip Code _____	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<input type="checkbox"/> No <input type="checkbox"/> Yes

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- ☒ No  
☐ Yes. Fill in the details.

Name of Storage Facility	Who else had access to it?	Describe the contents	Do you still have it?
Name _____ Number Street _____ City State Zip Code _____	Name _____ Number Street _____ City State Zip Code _____	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor 1 Kurt Gerard Richardson Case number (if known) 19-61728  
 First Name Middle Name Last Name

**Part 9: Identify Property You Hold or Control for Someone Else**

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

- ☒ No  
☐ Yes. Fill in the details.

			Where is the property?	Describe the contents	Value
Owner's Name			Number Street	<div style="border: 1px solid black; width: 200px; height: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 50px;"></div>
Number Street					
City	State	Zip Code	City State Zip Code		

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No  
☐ Yes. Fill in the details.

		Governmental unit	Environmental law, if you know it	Date of notice
Name of site		Governmental unit	<div style="border: 1px solid black; width: 200px; height: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 50px;"></div>
Number Street		Number Street		
City	State	Zip Code		

**25. Have you notified any governmental unit of any release of hazardous material?**

- ☒ No  
☐ Yes. Fill in the details.

		Governmental unit	Environmental law, if you know it	Date of notice
Name of site		Governmental unit	<div style="border: 1px solid black; width: 200px; height: 100px;"></div>	<div style="border-bottom: 1px solid black; width: 50px;"></div>
Number Street		Number Street		
City	State	Zip Code		

Debtor 1 Kurt Gerard Richardson Case number (if known) 19-61728  
 First Name Middle Name Last Name

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- ☒ No  
☐ Yes. Fill in the details.

	Court or agency	Nature of the case	Status of the case
Case title _____	Court Name _____	<div style="border: 1px solid black; width: 150px; height: 80px;"></div>	<input type="checkbox"/> Pending
Case number _____	Number Street _____		<input type="checkbox"/> On appeal
	City State Zip Code _____		<input type="checkbox"/> Concluded

**Part 12: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- ☒ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  
☐ A partner in a partnership  
☐ An officer, director, or managing executive of a corporation  
☐ An owner of at least 5% of the voting or equity securities of a corporation  
☐ No. None of the above applies. Go to Part 12.  
☒ Yes. Check all that apply above and fill in the details below for each business.

Describe the nature of the business			Employer Identification number Do not include Social Security number or ITIN.
Cor Trans, LLC Business Name	Trucking		EIN:
1648 Mercer Ave. Number Street			Dates business existed
Atlanta Georgia 30337 City State Zip Code	Name of accountant or bookkeeper		From _____ To _____
Business Name			EIN:
Number Street			Dates business existed
City State Zip Code	Name of accountant or bookkeeper		From _____ To _____
Business Name			EIN:
Number Street			Dates business existed
City State Zip Code	Name of accountant or bookkeeper		From _____ To _____

Debtor 1 Kurt Gerard Richardson Case number (if known) 19-61728  
 First Name Middle Name Last Name

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No  
☐ Yes. Fill in the details below.

Date issued

Name \_\_\_\_\_ MM/DD/YYYY  
 Number Street  
 City State Zip Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /s/ Kurt Richardson  
 Signature of Debtor 1

X /s/ Tara Richardson  
 Signature of Debtor 2

Date 10/15/2019

Date 10/16/2019

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

- ☒ No  
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No  
☐ Yes. Name of person

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Kurt	Gerard	Richardson
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Tara	Rakoske	Richardson
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern		District of Georgia	
		(State)	
Case number (If known)	19-61728		

☐ Check if this is an amended filing

## Official Form 106E/F

## Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

## 1. Do any creditors have priority unsecured claims against you?

☐ No. Go to Part 2.☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.  
(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
<b>2.1</b> Georgia Department of Revenue Priority Creditor's Name 1800 Century Blvd Number Street Suite 17200  Atlanta Georgia 30345 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Last 4 digits of account number 2673 When was the debt incurred? 2012-2014, 2018 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$10,942.73	\$1,632.00	\$9,310.73
<b>2.2</b> Internal Revenue Service Priority Creditor's Name P.O. Box 7346 Number Street  Philadelphia Pennsylvania 19101 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  Last 4 digits of account number 2673 When was the debt incurred? 2012-2014, 2018 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	\$59,266.98	\$12,194.00	\$47,072.98

Debtor 1 Kurt Gerard Richardson Case number (if known) 19-61728  
 First Name Middle Name Last Name

Part 3 List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than four priority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
<p><b>4.1</b> AMERIHOM MTG</p> <p>Nonpriority Creditor's Name            21300 VICTORY BLVD SUITE 900            Number Street</p> <p>WOODLAND HILLS California 91367            City State Zip Code</p> <p>Who incurred the debt? Check one.  <input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 4356</p> <p>When was the debt incurred? 5/2016</p> <p>As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify 360 Mortgage</p>	<p>\$0.00</p>	
<p><b>4.2</b> AMEX</p> <p>Nonpriority Creditor's Name            PO box 981540            Number Street</p> <p>El Paso Texas 79998            City State Zip Code</p> <p>Who incurred the debt? Check one.  <input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 5563</p> <p>When was the debt incurred? 7/2017</p> <p>As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify CreditCard</p>	<p>\$2,155.00</p>	
<p><b>4.3</b> AMEX</p> <p>Nonpriority Creditor's Name            PO box 981540            Number Street</p> <p>El Paso Texas 79998            City State Zip Code</p> <p>Who incurred the debt? Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Is the claim subject to offset?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 8763</p> <p>When was the debt incurred? 7/2017</p> <p>As of the date you file, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify CreditCard</p>	<p>\$1,030.00</p>	



Debtor 1 Kurt Gerard Richardson Case number (if known) 19-61728  
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Part 2 Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

<p><b>4.4</b> AMEX</p> <p>Nonpriority Creditor's Name PO box 981540</p> <p>Number Street</p> <p>El Paso Texas 79998 City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 2323</p> <p>When was the debt incurred? 9/2017</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify CreditCard</p>	<p>\$1,005.00</p>
<p><b>4.5</b> AVANT</p> <p>Nonpriority Creditor's Name 222 N. LASALLE ST SUITE 1700</p> <p>Number Street</p> <p>CHICAGO Illinois 60601 City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6699</p> <p>When was the debt incurred? 7/2017</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify 036 InstallmentLoan</p>	<p>\$0.00</p>
<p><b>4.6</b> BARCLAYS BANK DELAWARE</p> <p>Nonpriority Creditor's Name 125 S WEST ST</p> <p>Number Street</p> <p>WILMINGTON Delaware 19801 City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6328</p> <p>When was the debt incurred? 3/2016</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify CreditCard</p>	<p>\$5,935.00</p>



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Part 2: **Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

<p><b>4.7</b> BEST EGG/SST          Nonpriority Creditor's Name          4315 PICKETT ROAD          Number Street</p> <p>SAINT JOSEPH Missouri 64503          City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0707</u></p> <p>When was the debt incurred? <u>6/2017</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>060 InstallmentLoan</u></p>	<p><u>\$11,288.00</u></p>
<p><b>4.8</b> CAPITAL ONE BANK USA N          Nonpriority Creditor's Name          PO BOX 85520          Number Street</p> <p>RICHMOND Virginia 23285          City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>8096</u></p> <p>When was the debt incurred? <u>4/2016</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u></p>	<p><u>\$6,663.00</u></p>
<p><b>4.9</b> CAPITAL ONE BANK USA N          Nonpriority Creditor's Name          PO BOX 85520          Number Street</p> <p>RICHMOND Virginia 23285          City State Zip Code</p> <p><b>Who incurred the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>5366</u></p> <p>When was the debt incurred? <u>4/2016</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <u>CreditCard</u></p>	<p><u>\$5,822.00</u></p>

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Part 2: **Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.10	COMENITY BANK/LNBRYANT Nonpriority Creditor's Name 4590 E Broad St Number Street  Columbus Ohio 43213 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3683 When was the debt incurred? 10/2016 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard	\$1,142.00
4.11	COMENITY BANK/PTTRYBRN Nonpriority Creditor's Name P.O. Box 659705 Number Street  San Antonio Texas 78265 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 9721 When was the debt incurred? 7/2016 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard	\$165.00
4.12	COMENITYCB/SIMPLYBE Nonpriority Creditor's Name PO BOX 182120 Number Street  COLUMBUS Ohio 43218 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0043 When was the debt incurred? 9/2016 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard	\$0.00

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.13	CREDIT ONE BANK NA Nonpriority Creditor's Name PO BOX 98875 Number Street  LAS VEGAS Nevada 89193 City State Zip Code	Last 4 digits of account number 1891 When was the debt incurred? 4/2014  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard	\$2,144.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.14	CREDIT ONE BANK NA Nonpriority Creditor's Name PO BOX 98875 Number Street  LAS VEGAS Nevada 89193 City State Zip Code	Last 4 digits of account number 7391 When was the debt incurred? 2/2015  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard	\$1,851.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.15	CRESCO CAPITAL Nonpriority Creditor's Name 57575 190TH ST Number Street  PACIFIC JUNCTION Iowa 51561 City State Zip Code	Last 4 digits of account number 0185 When was the debt incurred? 7/2018  As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify 042 Lease	\$3,323.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

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**Part 2 Your NONPRIORITY Unsecured Claims - Continuation Page**

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Total claim

4.16	Fox Hills Cash Nonpriority Creditor's Name PO Box 196 Number Street  Batesland South Dakota 57716 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 2673 When was the debt incurred? n/a As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ Other _____	\$440.00
4.17	FREEDOM PLUS Nonpriority Creditor's Name 1875 S GRANT ST STE 400 Number Street  SAN MATEO California 94402 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7847 When was the debt incurred? 11/2017 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify 060 InstallmentLoan	\$29,532.00
4.18	HCCREDIT/FEB Nonpriority Creditor's Name PO BOX 829 Number Street  SPRINGDALE Arkansas 72765 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 753 When was the debt incurred? 6/2016 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard	\$0.00

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Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

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Total claim

4.19	LENDING CLUB CORP Nonpriority Creditor's Name 71 STEVENSON ST STE 300 Number Street  SAN FRANCISCO California 94105 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 3460 When was the debt incurred? 5/2017 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify 036 InstallmentLoan	\$3,883.00
4.20	LENDING CLUB CORP Nonpriority Creditor's Name 71 STEVENSON ST STE 300 Number Street  SAN FRANCISCO California 94105 City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7465 When was the debt incurred? 8/2017 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify 060 InstallmentLoan	\$0.00
4.21	LENDINGPOINT LLC Nonpriority Creditor's Name 1701 Barrett Lakes Blvd #290 Number Street  Kennesaw Georgia 30144 City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 6182 When was the debt incurred? 12/2016 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify 036 InstallmentLoan	\$0.00

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Part 2: **Your NONPRIORITY Unsecured Claims - Continuation Page**

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.22	<b>Medical Payment Data</b> Nonpriority Creditor's Name 2525 N. Shadeland Number Street  Indianapolis Indiana 46219 City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0368 When was the debt incurred? 10/2016 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard	\$1,164.00
4.23	<b>ONEMAIN</b> Nonpriority Creditor's Name PO BOX 1010 Number Street  EVANSVILLE Indiana 47706 City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 4105 When was the debt incurred? 7/2018 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Note Loan	\$4,579.00
4.24	<b>ONEMAIN</b> Nonpriority Creditor's Name P.O. Box 742536 Number Street  Cincinnati Ohio 45274 City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 7072 When was the debt incurred? 11/2017 As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify 048 InstallmentLoan	\$0.00



Debtor 1 Kurt Gerard Richardson Case number (if known) 19-61728  
 First Name Middle Name Last Name

Part 2 Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.

Total claim

4.25	TD RCS/PROFORM FINANCIAL Nonpriority Creditor's Name 1000 MACARTHUR BLVD Number Street  MAHWAH New Jersey 07430 City State Zip Code	Last 4 digits of account number 1292 When was the debt incurred? 6/2017	\$1,626.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard			
4.26	TIDEWATER CREDIT SERVI Nonpriority Creditor's Name 6520 INDIAN RIVER RD Number Street  VIRGINIA BEACH Virginia 23464 City State Zip Code	Last 4 digits of account number 1744 When was the debt incurred? 5/2016	\$0.00
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify CreditCard			

Debtor 1 Kurt Gerard Richardson Case number (if known) 19-61728  
 First Name Middle Name Last Name

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Internal Revenue Service - Atl

Name

401 W Peachtree St. NW, Stop 334-D

Number Street

Atlanta

Georgia

30308

City

State

Zip Code

Special Assistant U.S. Attorney

Name

401 W. Peachtree Street, NW, STOP 1000-D, Suite 600

Number Street

Atlanta

Georgia

30308

City

State

Zip Code

US Attorney's Office-ATL

Name

75 Spring St SW # 1800

Number Street

Atlanta

Georgia

30303

City

State

Zip Code

Office Of United States Trustee-ATL

Name

75 Ted Turner Dr SW #362

Number Street

Atlanta

Georgia

30303

City

State

Zip Code

Department of Justice, Tax Division

Name

75 Ted Turner Drive SW

Number Street

Atlanta

Georgia

30303

City

State

Zip Code

Office of the Attorney General - Atlanta

Name

40 Capitol Sq Sw

Number Street

Atlanta

Georgia

30334

City

State

Zip Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check one): ☒ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2673

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check one): ☒ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2673

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check one): ☒ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2673

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check one): ☒ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2673

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.2 of (Check one): ☒ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2673

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.1 of (Check one): ☒ Part 1: Creditors with Priority Unsecured Claims  
☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 2673



Debtor 1 Kurt Gerard Richardson Case number (if known) 19-61728  
 First Name Middle Name Last Name

Part 4: **Add the Amounts for Each Type of Unsecured Claim**

6. **Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.**

		Total claims
<b>Total claims from Part 1</b>	6a. Domestic support obligations.	6a. <u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b. <u>\$70,209.71</u>
	6c. Claims for death or personal injury while you were intoxicated	6c. <u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. <u>\$0.00</u>
	6e. Total. Add lines 6a through 6d.	6e. <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$70,209.71</div>
		Total claims
<b>Total claims from Part 2</b>	6f. Student loans	6f. <u>\$0.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. <u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. <u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. <u>\$83,747.00</u>
	6j. Total. Add lines 6f through 6i.	6j. <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$83,747.00</div>

Fill in this information to identify your case:

Debtor 1	Kurt	Gerard	Richardson
	First Name	Middle Name	Last Name
Debtor 2	Tara	Rakoske	Richardson
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of Georgia	
		(State)	
Case number (If known)	19-61728		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Employment

## 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

## Employment status

- ☒ Employed
- ☐ Not Employed

## Occupation

Self-employment

## Employer's name

## Employer's address

Number Street

City State Zip Code

## How long employed there?

## Debtor 2

- ☒ Employed
- ☐ Not Employed

JAS Worldwide Management, Inc.

6195 Barfield Rd

Number Street

Atlanta Georgia 30342  
City State Zip Code

22 years 5 months

## Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.	\$0.00	\$7,500.00
3. Estimate and list monthly overtime pay.	+ \$0.00	+ \$0.00
4. Calculate gross income. Add line 2 + line 3.	\$0.00	\$7,500.00

Debtor 1 Kurt Gerard Richardson Case number (if known) 19-61728  
 First Name Middle Name Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here → 4.	\$0.00	\$7,500.00
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	\$0.00	\$1,357.52
5b. Mandatory contributions for retirement plans	\$0.00	\$0.00
5c. Voluntary contributions for retirement plans	\$0.00	\$300.00
5d. Required repayments of retirement fund loans	\$0.00	\$504.18
5e. Insurance	\$0.00	\$620.24
5f. Domestic support obligations	\$0.00	\$0.00
5g. Union dues	\$0.00	\$0.00
5h. Other deductions. Specify: <u>Health Savings Account</u>	\$0.00 +	\$225.00 +
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	\$0.00	\$3,006.94
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	\$0.00	\$4,493.06
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	\$5,873.42	\$0.00
8b. Interest and dividends	\$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	\$0.00	\$0.00
8d. Unemployment compensation	\$0.00	\$0.00
8e. Social Security	\$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies Specify: _____	\$0.00	\$0.00
8g. Pension or retirement income	\$0.00	\$0.00
8h. Other monthly income. Specify: _____	\$0.00 +	\$0.00 +
9. Add all other income Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	\$5,873.42	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	\$5,873.42 +	\$4,493.06 =
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____		\$0.00
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies		\$10,366.48
		<b>Combined monthly income</b>
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Debtor 1 Kurt Gerard Richardson Case number (if known) 19-61728  
First Name Middle Name Last Name

**Official Form 106I. Additional page.****8a. Net income from rental property and from operating a business, profession, or farm**

<b>8a.1 Business and Self Employment</b>	Debtor 1	Debtor 2		
Gross receipts (before all deductions)	<u>\$5,873.42</u>	<u>          </u>		
Ordinary and necessary operating expenses	<u>-\$0.00</u>	<u>-          </u>		
Net monthly income from a business, profession, or farm	<u>\$5,873.42</u>	<u>          </u>	<b>Copy here →</b>	<u>\$5,873.42</u> <u>          </u>

Fill in this information to identify your case:

Debtor 1	Kurt	Gerard	Richardson
	First Name	Middle Name	Last Name
Debtor 2	Tara	Rakoske	Richardson
(Spouse, if filing)	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: Northern District of Georgia  
(State)

Case number 19-61728  
(if known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

## Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

## Part 1: Describe Your Household

## 1. Is this a joint case?

- ☐ No. Go to line 2
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file Official Forms 106J-2, *Expenses for Separate Household of Debtor 2*.

## 2. Do you have dependents?

- ☐ No
- Do not list Debtor 1 and Debtor 2. ☒ Yes. Fill out this information for each dependent
- | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you?  |
|--|-----------------|--|
| Parent   | 76 years        | <input type="checkbox"/> No.<br><input checked="" type="checkbox"/> Yes. |

## 3. Do your expenses include expenses of people other than yourself and your dependents?

- ☒ No
- ☐ Yes

## Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 106I.)

		Your expenses
4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4.		<u>\$1,875.00</u>
If not included in line 4:		
4a. Real estate taxes	4a.	<u>\$0.00</u>
4b. Property, homeowner's, or renter's insurance	4b.	<u>\$0.00</u>
4c. Home maintenance, repair, and upkeep expenses	4c.	<u>\$150.00</u>
4d. Homeowner's association or condominium dues	4d.	<u>\$0.00</u>

Debtor 1 Kurt Gerard Richardson Case number (if known) 19-61728  
 First Name Middle Name Last Name

	Your expenses
<b>5. Additional mortgage payments for your residence, such as home equity loans</b>	<b>5. \$0.00</b>
<b>6. Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$293.00
6b. Water, sewer, garbage collection	6b. \$0.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$577.00
6d. Other. Specify: <u>Alarm system and pest control</u>	6d. \$74.00
<b>7. Food and housekeeping supplies</b>	<b>7. \$900.00</b>
<b>8. Childcare and children's education costs</b>	<b>8. \$0.00</b>
<b>9. Clothing, laundry, and dry cleaning</b>	<b>9. \$250.00</b>
<b>10. Personal care products and services</b>	<b>10. \$75.00</b>
<b>11. Medical and dental expenses</b>	<b>11. \$280.00</b>
<b>12. Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments	<b>12. \$500.00</b>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	<b>13. \$0.00</b>
<b>14. Charitable contributions and religious donations</b>	<b>14. \$0.00</b>
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$97.03
15b. Health insurance	15b. \$0.00
15c. Vehicle insurance	15c. \$245.00
15d. Other insurance. Specify: _____	15d. \$0.00
<b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Estimated IRS and GA 2018 repayment</u>	<b>16. \$230.00</b>
<b>17. Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$0.00
17b. Car payments for Vehicle 2	17b. \$0.00
17c. Other. Specify: <u>Automobile Acceptance</u>	17c. \$342.00
17d. Other. Specify: <u>Leased heating and air conditioning unit</u>	17d. \$99.00
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	<b>18. \$0.00</b>
<b>19. Other payments you make to support others who do not live with you.</b> Specify: _____	<b>19. \$0.00</b>
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$0.00
20b. Real estate taxes.	20b. \$0.00
20c. Property, homeowner's, or renter's insurance	20c. \$0.00
20d. Maintenance, repair, and upkeep expenses.	20d. \$0.00
20e. Homeowner's association or condominium dues	20e. \$0.00

Debtor 1	Kurt <small>First Name</small>	Gerard <small>Middle Name</small>	Richardson <small>Last Name</small>	Case number (if known) 19-61728
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**21. Other. Specify:**

Business expense - parking (\$200.00), Business expense - escrow (\$700.00), Business expense - lumper charges (\$477.62), Business expense - fuel and fees (\$1176.91), Business expense - scale tickets (\$249.17), Business expense - truck lease (\$2058.00), Business expense - repairs (\$957.70), Business expense - insurance (\$91.05), Business expense - workers comp (\$60.00), Business expense - transflo (\$9.33), Business expense - fuel tax (\$26.67), Business expense - peoplenet (\$18.00)

**\$6,024.45**

**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

**\$12,011.48**

**\$0.00**

**\$12,011.48**

**23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.

23b. Copy your monthly expenses from line 22 above.

23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.

**\$10,366.48**

**\$12,011.48**

**(\$1,645.00)**

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No

☐ Yes

Explain here:

Fill in this information to identify your case:			
Debtor 1	Kurt	Gerard	Richardson
	First Name	Middle Name	Last Name
Debtor 2	Tara	Rakoske	Richardson
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District of	Georgia
		(State)	
Case number	19-61728		
(If known)			

☐ Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

#### Part 1: Summarize Your Assets

	<b>Your assets</b> Value of what you own
1. <b>Schedule A/B: Property</b> (Official Form 106A/B)	
1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	\$367,559.00
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	\$27,100.00
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	<b>\$394,659.00</b>

#### Part 2: Summarize Your Liabilities

	<b>Your liabilities</b> Amount you owe
2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	
2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	\$314,247.69
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	
3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$70,209.71
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$83,747.00
<b>Your total liabilities</b>	<b>\$468,204.40</b>

#### Part 3: Summarize Your Income and Expenses

4. <b>Schedule I: Your Income</b> (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$10,366.48
5. <b>Schedule J: Your Expenses</b> (Official Form 106J)	
Copy your monthly expenses from line 22, Column A, of <i>Schedule J</i> .....	\$12,011.48



Debtor 1 Kurt Gerard Richardson Case number (if known) 19-61728  
 First Name Middle Name Last Name

Part 4: **Answer These Questions for Administrative and Statistical Records**

6. Are you filing for bankruptcy under Chapters 7, 11, or 13?

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes.

7. What kind of debt do you have?

- ☒ **Your debts are primarily consumer debts.** Consumer debts are those incurred by an individual primarily for a personal, family, or household purpose. 11 U.S.C. § 101(8). Fill out lines 8-10 for statistical purposes. 28 U.S.C. § 159.
- ☐ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$7,599.04

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:

Total claim

9a. Domestic support obligations (Copy line 6a.)	\$0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$70,209.71
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$0.00
9d. Student loans. (Copy line 6f.)	\$0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	\$0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$70,209.71

Fill in this information to identify your case:

Debtor 1	Kurt	Gerard	Richardson
	First Name	Middle Name	Last Name
Debtor 2	Tara	Rakoske	Richardson
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Northern		District of Georgia	
		(State)	
Case number	19-61728		
(If known)			

☐ Check if this is an amended filing

## Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Part 1: Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_

Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /s/ Kurt Richardson  
Signature of Debtor 1

**X** /s/ Tara Richardson  
Signature of Debtor 2

Date 10/15/2019  
MM/DD/YYYY

Date 10/16/2019  
MM/DD/YYYY

**SUPPLEMENTAL CREDITOR MATRIX**

Fox Hills Cash  
PO Box 196  
Batesland, SD, 57716

IN THE UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF GEORGIA  
ATLANTA DIVISION

IN RE:	{	CHAPTER 7
	{	
<b>KURT GERARD RICHARDSON</b>	{	CASE NO. <b>19-61728</b>
<b>TARA RAKOSKE RICHARDSON,</b>	{	
	{	
Debtors.	{	HON. LISA RITCHEY CRAIG

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**CERTIFICATE OF SERVICE**

I hereby certify that I am more than 18 years of age and that I have this day served a copy of the attached Amendment upon the following by depositing a copy of the same in U.S. Mail with sufficient postage affixed thereon to ensure delivery:

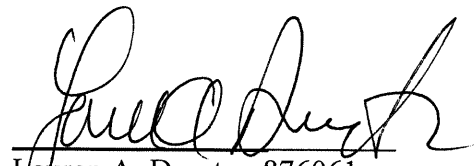
Kurt Gerard Richardson  
Tara Rakoske Richardson  
1648 Mercer Ave.  
Atlanta, GA 30337

Office of US Trustee  
75 Ted Turner Drive  
Ste 362  
Atlanta, GA 30303

Fox Hills Cash  
PO Box 196  
Batesland, SD 57716

I further certify that, by agreement of parties, S. Gregory Hays, Chapter 7 Trustee and, United States Trustee, were served via ECF.

This 22<sup>nd</sup> day of October 2019.

  
\_\_\_\_\_  
Lauren A. Drayton 876061  
The Semrad Law Firm, LLC  
303 Perimeter Center North  
Suite 201  
Atlanta, GA 30346  
(678) 668-7160  
Attorney for Debtor